out to allow the nose to conform to the desired shape. If the tissue is to be removed from that portion where the mucous membrane is not too firmly adherent, the membrane should be dissected back to be replaced after the operation. In some cases, no after-treatment is required, but in others it is advisable to mould a saddle or splint to the top of the nose, so as to make it assume the desired form while healing. Where the deformity is due to a malformation of the cartilages of the ala bulging outward with a corresponding concavity on the inside, the nose can readily be moulded into a handsome shape by cutting, with a tenotomy knife, through these cartilages in different places, sufficient to destroy their elasticity; then by inserting a silver or hard rubber tube of the proper size and shape into the nostril, and conforming the saddle to the outside of the nose, it is encased in an inside and outside splint that compel it to conform to the exact shape desired. The author has operated in five cases with uniformly excellent results.—*N. Y. Med. Rec.*, June 4, 1887.

III. A Consideration of the Results in Three Hundred and Twenty-seven Cases of Tracheotomy, Performed at the Boston City Hospital from 1864 to 1887. Drs. R. W. Lovett and John C. Munro, in the July number of *The American Journal of the Medical Sciences*, present an elaborate detailed study of the results of tracheotomy at the Boston City Hospital. They show that the results of operation in the series of cases studied are above the average in spite of the predominance of bad cases. They show that young children are especially liable to have extension of the diphtheritic process to the bronchi and lungs; in fact, that the chances are three to one that if they die they will die of suffocation. That, in Boston, tracheotomy at the hospital is most fatal at those times when diphtheria is most fatal in the whole city, and incidentally that the mortality per cent. from croup and diphtheria in the whole city vary by the month in unison. That cases with membrane in the pharynx at the time of operation are more likely to die than those where it is not present. That the mortality per cent. after tracheotomy rises steadily as the operation is done on the first, second, third or fourth day of the difficult breathing. That nasal discharge, albuminuria, and enlarge-

ment of the cervical glands, are symptoms of less moment than the character of the discharge from the trachea tube, which is the most important index of the progress of a case, and that the recovery-rate varies nearly 50% between cases where the discharge is loose throughout and those where it is gummy at any time.

Finally, for purposes of comparison, they present a table of all available reported cases of tracheotomy, arranged according to countries. The average of recoveries in 21,853 cases was 28% and of 1,327 American cases the average number of recoveries was 23%.

JAMES E. PILCHER (U. S. Army).

IV. Case of Thyrotomy for Epithelioma of the Larynx. W. R. H. STEWART (London). Patient æt. 45. Sweep from boyhood. Family history good. Difficulty of breathing for six months; paroxysmal cough; loss of flesh. Laryngeal stridor, harshness of voice; severe attacks of dyspnœa. No enlarged cervical glands. Laryngeal examination revealed a rather large, irregular growth, springing from below right vocal cord, and projecting across the larynx. A portion removed by laryngeal forceps showed it to be epithelioma. A preliminary tracheotomy was performed, and when the patient was sufficiently recovered thyrotomy was practised. The thyroid cartilage was divided and the growth removed, and remaining part being scraped away, and solid nitrate of silver applied. The alæ were then carefully brought together with silver wire, and antiseptic dressings applied. The patient made a good recovery. The patient was soon lost sight of, so that as yet nothing is known of any recurrence. Mr. Stewart advocates this method of treatment rather than the severe one of excision of larynx. He is also in favor of preliminary tracheotomy, and feeding by rectum for the first few days.—*Lancet*, May 21, 1887.

V. Case of Excision of Larynx. W. GARDNER, M. D., C. M. (Glasgow). J. M., æt. 60 years, shoemaker, always healthy. No syphilis. No family history of disease. Two years ago he lost his voice entirely, and it has never returned. Voice gradually became weaker, till at the end of four months he could only speak in a whisper. Four months ago he experieuced a sharp, gnawing pain over